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Bib Data Sheet

CONFIRMATION NO. 2837

|   |   |                                  |   |  |                                |
|---|---|----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/937,004  | <b>FILING DATE</b><br>05/22/2002<br><b>RULE</b>   | <b>CLASS</b><br>382              | <b>GROUP ART UNIT</b><br>2621   | <b>ATTORNEY DOCKET NO.</b><br>566.40671X00 |                                |
| <b>APPLICANTS</b><br>Masahiro Mimura, Kawasaki, JAPAN;<br>Yoichi Seto, Kawasaki, JAPAN;<br>Takuo Ishizuka, Hadano, JAPAN;<br><br><b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A 371 OF PCT/JP01/04405 05/25/2001<br><br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2000-162517 05/31/2000        |   |                                  |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>26   | <b>TOTAL CLAIMS</b><br>5                   | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>Antonelli Terry Stout & Kraus<br>Suite 1800<br>1300 North Seventeenth Street<br>Arlington, VA 22209   |   |                                  |   |  |                                |
| <b>TITLE</b><br>Living body authentication system   |   |                                  |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>990   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |